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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/751,288
	Filing Date	12-29-2000
	First Named Inventor	STEFANIK
	Art Unit	2623
	Examiner Name	SHANG
	Attorney Docket Number	00059

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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OR

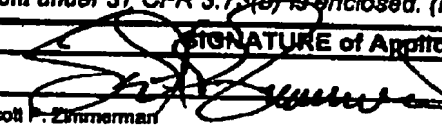
<input checked="" type="checkbox"/> Firm or Individual Name	Scott P. Zimmerman PLLC				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature: 

Name: Scott P. Zimmerman

Date:

Telephone: (919) 469-2629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of  forms are submitted.

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&  
37 C.F.R. § 3.73 EXCLUSION OF INVENTIVE ENTITY**

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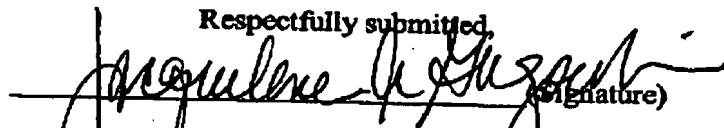
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06/05/2007 (Date)

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